S	tate of Rhode Island a Office of the S			ions	Fee: \$50.00
	Providence	. River Stre	eet -2615		
HOPE	(401)	1222-3040	,		
Limited Liability Com Annual Report Filing Period: September 1					
	7-16-66(d), each limited liab in thirty (30) days after the til penalty fee of \$25.00.				
ANNUAL REPORT YEAR:	<u>2018</u>				
1. ID No. <u>000541459</u>	2				
2. Exact Name of the Li	mited Liability Company	RCM CLE	EANING LLC		
3. State of Formation					
State: <u>RI</u>					
	ARTI	CLE III			
the list of codes <u>here.</u> More	e information on <u>NAICS</u> can	de tound or	nine.		
4. Brief Description of th	e Character of the Busines	ss Which i	s Actually Condu	cted in Rhode	e Island
COMMERCIAL AND F	RESIDENTIAL CLEANIN	NG SERVI	<u>CES.</u>		
5. Principal Office Addre	SS				
	5 PRAIRIE AVE OVIDENCE	State: <u>RI</u>	Zip: <u>02905</u>	Country: <u>I</u>	USA
6. Mailing Address of Li	mited Liability Company a	nd Name c	or Title of Contact	t Person:	
Contact Name: Contact No. and Street: <u>255</u>	Title: 5 PRAIRIE AVE				
City or Town: PR	<u>OVIDENCE</u> S	State: <u>RI</u>	Zip: <u>02905</u>	Country:	<u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Lim RS	ited Liabili	ity Company, if A	pplicable.	
Title	Individual Name		Address		
	First, Middle, Last, Suffi		Address, City or Tow	n, State, Zip Code	e, Country
MANAGER	ROBERTO CASTELLANO	05		O. BOX 25409 CE, RI 02905 USA	۸
MANAGER	MIGUELINA DOMINGUE	Z	P.O. BOX 25409		

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MIGUELINA C. DOMINGUEZ 255 PRAIRIE AVENUE PROVIDENCE, RI 02905

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2018 at 2:56:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>MIGUELINA C. DOMINGUEZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved